

**Subject:** Studies in the News: (December 19, 2007)

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## **Studies in the News for**



## **California Department of Mental Health**

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### **Introduction to Studies in the News**

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- When available on the Internet, the URL for the full-text of each item is provided.
- **California State Employees** may contact the State Information & Reference Center (916-654-0206; [cslsirc@library.ca.gov](mailto:cslsirc@library.ca.gov)) with the SITN issue date and title of article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

### **The following are the Subject Headings included in this issue:**

**Children and Adolescent Mental Health**

**Depression**

**Homelessness and Mental Illness**

**Juvenile Justice**

**Mental Health Policies and Procedures**

**Prevention and Early Intervention  
Primary Care Intervention  
Suicide Prevention  
Trauma and PTSD**

The following studies are currently on hand:

**CHILDREN AND ADOLESCENT MENTAL HEALTH**

**“Adolescent Bicultural Stress and its Impact on Mental Well-Being among Latinos, Asian Americans and European Americans.” By Andrea J. Romero, University of Arizona, and others. IN: Journal of Community Psychology, vol. 35, no. 4 (May 2007) pp. 519-534.**

[“The perception of bicultural stress, stress due to discrimination/prejudice, immigration, and acculturation, was investigated in relation to mental well-being in a sample of urban Latino (n = 304), European American (n = 215), and Asian American (n = 131) 8<sup>th</sup> grade students. Bicultural stress was reported by all ethnic groups and was significantly associated with more depressive symptoms and less optimism (only for females), after accounting for ethnicity, socioeconomic status, gender, and age. Latino and Asian American youth were more likely to report more stressors, although after controlling for sociodemographic variables the differences predominantly remained only between Asian Americans and European Americans. Lower socioeconomic status, male gender, and not speaking English also were associated with more stress. The negative impact of bicultural stress on adolescent depressive symptoms and optimism indicates the need for mental health researchers and service providers to consider the cultural context of stress for adolescents.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=24746909&site=ehost-live>

**“Effective Coping/Mental Health Interventions for Critically Ill Adolescents: An Evidence Review.” By Melanie Brewer and Bernadette Mazurek Melnyk, Arizona State University. IN: Pediatric Nursing, vol. 33, no. 4 (July 2007) pp. 361-367.**

[“The article offers information on the National Hospital Discharge Survey (NHDS) concerning the increasing annual hospitalization of about 1.6 million adolescents and children due to injuries and other causes. It was said that the critical care hospitalization follows a potentially life-threatening situations which increases the risk of acute and chronic psychological distress, such as post-traumatic stress disorder (PTSD). However, it was found that PTSD is often not diagnosed or untreated.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=26884735&site=ehost-live>

**“Measuring Time Costs in Interventions Designed to Reduce Behavior Problems among Children and Youth.” By E. Michael Foster, University of North Carolina, and others. IN: American Journal of Community Psychology, vol. 40, no. 1-2 (September 2007) pp. 64-81.**

[“The economic evaluation of psychosocial interventions is a growing area of research. Though time costs are central to the economist’s understanding of social costs, these costs generally have been ignored by prevention scientists. This article highlights the need to measure such costs and then reviews the principles economists use in valuing time. It then considers the specific time costs that often arise in interventions designed to reduce behavior problems among children and youth. These include classroom time devoted to program activities, the time of parents or other caregivers, the time of teachers (outside of the classroom), and the time of volunteers. We consider the economic principles that govern how economists value these inputs and then apply these principles to data from an evaluation of a prominent intervention in the field, the Incredible Years Program. We find that the time costs are potentially rather large and consider the implications for public policy of ignoring them.”]

Full text at:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17592769>

**“Mental Health of Young People: A Global Public Health Challenge.” By V. Patel, London School of Hygiene and Tropical Medicine, and others. IN: Lancet, vol. 369 (April 14, 2007) pp. 1302-1313.**

[“Mental disorders account for a large proportion of the disease burden in young people in all societies. Most mental disorders begin during youth (12-24 years of age), although they are often first detected later in life. Poor mental health is strongly related to other health and development concerns in young people notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health. The effectiveness of some interventions for some mental disorders in this age-group have been established, although more research is urgently needed to improve the range of affordable and feasible interventions, since most mental-health needs in young people are unmet, even in high-income countries. Key challenges to addressing mental-health needs include the shortage of mental-health professionals, the fairly low capacity and motivation of non-specialist health workers to provide quality mental-health services to young people, and the stigma associated with mental disorder. We propose a population-based, youth focused model, explicitly integrating mental health with other youth health and welfare expertise. Addressing young people's mental-health needs is crucial if they are to fulfill their potential and contribute fully to the development of their communities.”]

**NOTE: Article can be obtained from the CA State Library.]**

**“Recognizing and Responding to Child and Adolescent Stress: The Critical Role of the Pediatrician.” By Keith M. Lemmon, Brooke Army Medical Center, and others. IN: Psychiatric Annals, vol. 37, no. 6 (June 2007) pp. 431-438.**

[“Pediatricians are “committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults,” according to the mission statement of the American Academy of Pediatrics (AAP). Despite this, pediatricians are sometimes narrowly viewed as specialists who only provide assessment and treatment of “medical” problems. This view overlooks the strengths and experiences pediatricians have in providing and coordinating services to ease stress and crises in the lives of children, adolescents, and their families. In fact, for a majority of children, pediatric providers are taking responsibility for the management of psychosocial conditions that were historically managed by mental health specialists.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=psych&AN=2007-09342-011&site=ehost-live>

## **DEPRESSION**

**“Low-Income Rural Women and Depression: Factors Associated with Self-Reporting.” By Leigh Ann Simmons, University of Kentucky, and others. IN: American Journal of Health Behavior, vol. 31, no. 6 (November/December 2007) pp. 657-666.**

[“Objective was to examine factors associated with self-reporting depression for low-income rural women experiencing depressive symptoms. Methods: Data were from 219 Rural Families Speak participants with CES-D scores >15. Chi-square and multiple logistic regressions were utilized. Just over one half (52.5%) of respondents who were experiencing depressive symptoms self-reported depression, whereas 47.5% of respondents self-reported no depression. Women reporting depression were significantly likelier to report physical health problems, injury/illness, and more frequent physician visits. Women reporting no depression were significantly likelier to have been pregnant in the previous 3 years.

Conclusions: Women reporting depression had more health care system exposure and perhaps depressive symptomatology knowledge. Public health campaigns should educate about depressive symptoms, including postpartum depression, to reduce stigma and increase treatment-seeking.”]

Full text at:  
<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27623645&site=ehost-live>

## **HOMELESSNESS AND MENTAL ILLNESS**

**“The Allegheny Initiative for Mental Health Integration for the Homeless: Integrating Heterogeneous Health Services for Homeless Persons.” By Adam J. Gordon, University of Pittsburg, and others. IN: American Journal of Public Health, vol. 97, no. 3 (March 2007) pp. 401-405.**

[“The Allegheny Initiative for Mental Health Integration for the Homeless (AIM-HIGH) was a 3-year urban initiative in Pennsylvania that sought to enhance integration and coordination of medical and behavioral services for homeless persons through system-, provider-, and client-level interventions. On a system level, AIM-HIGH established partnerships between several key medical and behavioral health agencies. On a provider level, AIM-HIGH conducted 5 county-wide conferences regarding homeless integration, attended by 637 attendees from 72 agencies. On a client level, 5 co-located medical and behavioral health care clinics provided care to 1986 homeless patients in 4084 encounters, generating 1917 referrals for care. For a modest investment, AIM-HIGH demonstrated that integration of medical and behavioral health services for homeless persons can occur in a large urban environment.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=24347110&site=ehost-live>

## **JUVENILE JUSTICE**

**“Coping Mechanisms, Stressful Events and Suicidal Behavior among Youth Admitted to Juvenile Justice and Child Welfare Services.” By Francois Chagnon, University of Quebec. IN: Suicide & Life-Threatening Behavior, vol. 37, no. 4 (August 2007) pp. 439-452.**

[“This study examines the relationship between coping mechanisms and suicide attempts among 84 adolescents in the Quebec youth residential services. A new measure based on in-depth interviews is used to identify coping mechanisms. The suicidal youths used fewer adequate coping mechanisms than nonsuicidal youths when faced with comparable stressful events. Negative cognitive refraining, anger, and blaming others were more frequently reported by the suicidal youths. Contrary to certain theoretical conceptions, coping mechanisms were not stable and varied according to the context of the suicidal crisis. These findings indicate the usefulness of this approach to measure coping mechanisms and support the importance of programs aimed at developing coping skills for suicide prevention.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=26878492&site=ehost-live>

**“Cultural Group Differences in Social Disadvantage, Offence Characteristics, and Experience of Childhood Trauma and Psychopathology in Incarcerated Juvenile Offenders in NSW, Australia: Implications for Service Delivery.” By Dianna T. Kenny and Christopher J. Lennings, University of Sydney. IN: Psychiatry, Psychology & Law, vol. 14, no. 2 (November 2007) pp. 294-305.**

[“The current study investigates the relationships among ethnicity and culture and offending in an incarcerated sample of 242 young offenders in New South Wales, Australia. Findings indicated greater similarities between young offenders from Indigenous and English speaking background (ESB) than between these two groups and culturally and linguistically diverse (CALD) young offenders. CALD young offenders made up 15% of the sample and were disproportionately more likely to commit a violent offence. Compared with Indigenous and ESB offenders, CALD offenders reported less social disadvantage and lower levels of substance abuse.

Compared with CALD offenders, ESB and Indigenous offenders were more likely to commit a crime either under the influence of, or to obtain drugs or alcohol. Indigenous offenders began offending earlier than the other two groups and committed a larger number of offences. CALD offenders were more likely to commit the more serious offences of aggravated sexual assault and homicide than ESB or Indigenous young offenders. Compared with both ESB and CALD groups, Indigenous offenders reported more troubled family backgrounds and higher levels of conduct disorder. A number of factors amenable to policy interventions contribute to such observations, such as differential levels of substance use and social disadvantage, and issues leading to overrepresentation of particular cultural groups in the juvenile justice system. The similarities between ESB and Indigenous young offenders on most of the factors assessed in this study, based on commonalities in the kind and relative degree of social disadvantage experienced by these two groups, warrants closer attention.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27404393&site=ehost-live>

**Effects on Violence of Laws and Policies Facilitating the Transfer of Youth from the Juvenile to the Adult Justice System: A Report on Recommendations of the Task Force on Community Preventive Services. By Robert Hahn and others, Systematic Review Team. Morbidity and Mortality Weekly Report. (Centers for Disease Control and Prevention, Atlanta Georgia) November 30, 2007. 11 p.**

[“The independent, nonfederal Task Force on Community Preventive Services (Task Force), which directs the development of the Guide to Community Preventive Services (Community Guide), conducted a systematic review of published scientific evidence concerning the effectiveness of laws and policies that facilitate the transfer of juveniles to the adult criminal justice system to determine whether these transfers prevent or reduce violence among youth who have been transferred and among the juvenile population as a whole. For this review, transfer is defined as placing juveniles aged <18 years under the

jurisdiction of the adult criminal justice system. The review followed Community Guide methods for conducting a systematic review of literature and for providing recommendations to public health decision makers.

Available evidence indicates that transfer to the adult criminal justice system typically increases rather than decreases rates of violence among transferred youth. Available evidence was insufficient to determine the effect of transfer laws and policies on levels of violent crime in the overall juvenile population. On the basis of these findings, the Task Force recommends against laws or policies facilitating the transfer of juveniles to the adult criminal justice system for the purpose of reducing violence.”]

Full text at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5609a1.htm>

### **MENTAL HEALTH POLICIES AND PROCEDURES**

**“Promoting the Value and Practice of Shared Decision-Making in Mental Health Care.” By Carole Schauer, U.S. Department of Health and Human Services, and others. IN: Psychiatric Rehabilitation Journal, vol. 31, no. 1 (Summer 2007) pp. 54-61.**

[“Active consumer participation is critical in contemporary mental health care and treatment planning and has been a staple of the field of psychiatric rehabilitation for the last three decades. Providing the opportunity for consumers to chose interventions that fit personal preferences and recovery increase the likelihood that these interventions will enhance personal meaning, satisfaction and quality of life.... Similarly, self-determination and shared decision-making are critical components of recovery.

As stated in the President's New Freedom Commission on Mental Health Final Report, recovery from mental illnesses should be the expectation in mental health care with services and treatments that are consumer and family-driven. Mental health care should be planned and delivered to ensure that consumers and families with children with mental health problems receive real and meaningful choices about treatment options and providers (New Freedom Commission, 2003).

The purpose of this paper is to explore the value and use of shared decision-making in health and mental health care, briefly examine the advantages and disadvantages of shared decision making and propose next steps in advancing use of shared-decision making in mental health care.”]

Full text at:  
<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25799919&site=ehost-live>



## **PREVENTION AND EARLY INTERVENTION**

**“Australian School-Based Prevention and Early Intervention Programs for Anxiety and Depression: A Systemic Review.”** By A.L. Neil and H. Christensen, Australian National University. IN: *Medical Journal of Australia*, vol. 186, no. 6 (March 19, 2007) pp. 305-308.

[“The objective of this paper is to establish the nature and efficacy of Australian school-based prevention and early intervention programs for anxiety and depression. Data sources used were Cochrane, PsychInfo and PubMed databases, and the Primary Mental Health Care Australian Resource Centre database, which were searched in June 2006. Additional materials were obtained from program websites, reference lists and authors. Programs selected for the study were developed in Australia or trialed in Australia and addressed anxiety, depression, or resilience were also included....Most were associated with short-term improvements or symptom reduction at follow-up. Conclusions reached were that a number of schools’ programs produce positive outcomes. However, even well established programs require further evaluation to establish readiness for broad dissemination as outlined in the standards of the Society for Prevention Research.”]

Full text at:

[http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17371212&ordinalpos=7&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17371212&ordinalpos=7&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum)

## **PRIMARY CARE INTERVENTIONS**

**Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations for Improvement.** By Laura Sices, Boston University School of Medicine. Commonwealth Fund Publication, No. 1082. (The Fund, New York, New York) December 2007. 34 p.

[“Developmental delays and conditions are common in early childhood, and are predictive of later learning and behavioral difficulties. Early treatment improves outcomes. For this report, a literature review was conducted to determine the effectiveness of current efforts by primary care providers to detect developmental delays in early childhood. Although data are limited, there appears to be significant under-detection of developmental delays in early childhood.

While the prevalence of developmental delays is at least 10 percent, early intervention programs aimed at addressing these concerns serve only 2.3 percent of children under age 3. Use of validated developmental screening tools is supported by American Academy of Pediatrics guidelines, but these instruments are neither widely nor systematically used in pediatric practice. The report makes several recommendations to strengthen developmental surveillance and screening, and thereby improve outcomes for young children and families.”]



Full text at:

[http://www.commonwealthfund.org/usr\\_doc/1082\\_Sices\\_developmental\\_screening\\_primary\\_care.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/1082_Sices_developmental_screening_primary_care.pdf?section=4039)

### **SUICIDE PREVENTION**

**“Inhalant Use and Suicidality among Incarcerated Youth.” By S. Freedenthal, University of Denver, and others. IN: Drug and Alcohol Dependence, vol. 90, no. 1 (September 2007) pp. 81-88.**

[“Studies consistently indicate that inhalant use is associated with increased mental health problems in adolescents, but few investigations have focused on the potential relationship of inhalant use to suicidality (ideation or attempt). This study examined how different levels of volatile solvent use relate to suicidal ideation and attempted suicide among 723 incarcerated youth (mean age=15.5, S.D. =1.2; 87% male) in Missouri, and whether any associations between solvent use and suicidality differ by gender.

In bivariate analyses, severity of inhalant use was positively associated with histories of suicidal ideation and suicide attempt for both boys and girls. In multivariate analyses, inhalant use disorders remained significantly associated with suicidal ideation and suicide attempt histories even after adjusting for general level of psychiatric symptoms, prior trauma, other substance use, gender, and additional potential confounders. Inhalant use without abuse or dependence also significantly related to suicidal ideation in multivariate analyses, but an interaction between gender and inhalant use signified this relationship was stronger for girls.

Inhalant use disorders in incarcerated youth, as well as inhalant use without abuse or dependence (particularly in girls), may signal elevated suicide risk. Suicide risk assessments should, therefore, include questions about inhalation of volatile solvents such as paint, gasoline, and household cleaners.”]

Full text at:

[http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17433572&ordinalpos=7&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17433572&ordinalpos=7&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum)

**"Long-Term Associations of Childhood Suicide Ideation." By Catherine M. Herba, Erasmus Medical Center, Rotterdam, and others. IN: Journal of the American Academy of Child and Adolescent Psychiatry, vol. 46, no. 11 (November 2007) pp. 1473-1481.**

["Objectives. The investigation in a prospective longitudinal population-based study whether childhood suicide ideation is associated with negative mental health outcome in adulthood. Method: A total of 1,022 Dutch children who were 11 years or younger in 1983 were prospectively followed over 10-14 years into adulthood. Parent reports of suicide ideation in childhood (11 years or younger, n=20) were examined in relation to

mental health in adulthood assessed with a structured psychiatric interview (mood disorder, anxiety disorder, alcohol abuse/dependence, and externalizing disorder) and self reported suicide ideation and history of suicide attempt. Results: Childhood suicide ideation was highly predictive of suicide ideation in adulthood (odds ratio 10.70, 95% confidence interval 3.26-35.09), and lifetime history of suicide attempt (odds ratio 5.80, 95% confidence interval 1.53-22.02). Childhood suicide ideation was associated with an increased likelihood of mood disorder and anxiety disorder in adulthood and to a lesser extent externalizing disorder, although these effects decreased considerably after adjusting for childhood internalizing and externalizing behavior. Conclusions: Suicide ideation in childhood may be a stable characteristic with worrying consequences in adulthood. Children with parent-reported suicide ideation at a young age may require additional resources, age-appropriate intervention, and careful monitoring into adulthood." **Note: Journal is available for loan.]**

**“Specific Symptoms Predict Suicidal Ideation in Vietnam Combat Veterans with Chronic Post-Traumatic Stress Disorder.” By Jordan B. Bell, Edith Nourse Rogers Memorial VA Medical Center, and Ella C. Nye, New Mexico Veterans Affairs Health Care System. IN: Military Medicine, vol. 172, no. 11 (November 2007) pp.1144-1147.**

[“Previous research documented the elevated risk of suicide and suicidal ideation among Vietnam veterans with post-traumatic stress disorder (PTSD). The aim of the current study was to examine which Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; PTSD symptom clusters are most associated with suicidal ideation in this population. Fifty Vietnam combat veterans enrolled in treatment for PTSD responded to the Beck Scale for Suicide Ideation and were interviewed with the Clinician-Administered PTSD Scale. In linear regression analysis, it was found that the reexperiencing symptom cluster was significantly associated with suicidal ideation but the other two symptom clusters (avoidance/numbing and increased arousal) were not. Furthermore, scores on a measure of severity of combat exposure were not found to be significantly related to PTSD symptoms or suicidal ideation. The results of this study suggest the importance of reexperiencing symptoms for predicting which individuals with combat-related PTSD are most at risk for suicidal ideation and behavior.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27554863&site=ehost-live>

**Stopping Suicides: Mental Health Challenges within the U. S. Department of Veteran’s Affairs. Hearing before the House Committee on Veteran’s Affairs. (The Committee, Washington, DC). December 12, 2007. Various pagings.**

[“On Wednesday, (December 12, 2008), the House Committee on Veterans’ Affairs, led by Chairman Bob Filner (D-CA), held a hearing to examine mental health care provided by the Department of Veterans Affairs (VA). The hearing, “Stopping Suicides: Examining the Mental Health Challenges Facing the Department of Veterans Affairs,”

focused on how best the VA should address the mental health care needs of returning active duty forces, including the National Guard and Reserves.”]

Full text at: <http://veterans.house.gov/hearings/hearing.aspx?NewsID=167>

**“Suicide and Suicide Attempts in Adolescents.” By Benjamin H. Shain, American Academy of Child and Adolescent Psychiatry, and others. IN: Pediatrics, vol. 120, no. 3 (September 2007) pp. 669-676.**

[“Suicide is the third-leading cause of death for adolescents 15 to 19 years old. Pediatricians can take steps to help reduce the incidence of adolescent suicide by screening for depression and suicidal ideation and behavior. This report updates the previous statement of the American Academy of Pediatrics and is intended to assist the pediatrician in the identification and management of the adolescent at risk of suicide. The extent to which pediatricians provide appropriate care for suicidal adolescents depends on their knowledge, skill, comfort with the topic, and ready access to appropriate community resources. All teenagers with suicidal thoughts or behaviors should know that their pleas for assistance are heard and that pediatricians are willing to serve as advocates to help resolve the crisis.”]

Full text at: <http://www.aap.org/healthtopics/depression.cfm>

### **TRAUMA/PTSD**

**“Recent Trends in VA Treatment of Post-Traumatic Stress Disorder and other Mental Disorders.” By Robert A. Rosenheck, Yale University, and Alan F. Fontana. IN: Health Affairs, vol. 26, no. 6 (November/December 2007) pp. 1720-1728.**

[“Treating post-traumatic stress disorder (PTSD) among returning Iraq/Afghanistan veterans is a high priority for the U.S. Department of Veterans Affairs (VA). The number of Persian Gulf-era veterans diagnosed with PTSD grew by 8,000 veterans per year from 2003 to 2005. Since 1997, however, the average annual growth in all users of VA specialty mental health services has averaged 37,000 veterans per year, including 22,000 per year with PTSD. This expansion was associated with a 37 percent reduction in mental health visits per veteran per year. The VA has substantially increased funding for PTSD services. Nevertheless, the observed growth in demand requires continued monitoring to assure that the needs of returning veterans are met.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27544044&site=ehost-live>